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The Impact of Parent Violence on Behavior Children: An Analysis of 185 Fars, Turkish and Lor Children

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Abstract: This study examined compare the behaviors of Fars, Lor and Turkish children who were 6 to 18 years of age and exposed to parent violence with an age and ethnically similar sample of children who were not exposed to violence and to compare both exposed and non exposed children to normative samples. Children, age 6 to 18 years, who were exposed to parent violence, exhibit significantly more internalizing, externalizing and total behavior problems than children who were not exposed to parent violence. In addition, the mean internalizing behavior score for boys 6 to 11 years of age as well as girls and boys 12 to 18 years of age of violence parents were not significantly different from the clinical referral norms. Internalizing behaviors of anxiety, withdrawal and depression are consistent with suicidal risk. Present data demonstrate that children who exposed to parent violence have significantly more behavioral problems than the non clinically referred norm children but also, for most children, display significantly fewer problems than the clinically referred children.

Key words: Parent violence, behavior problems, internalizing, externalizing

INTRODUCTION

It is estimated that approximately 17.8 million children a year are exposed to parent violence (Holden, 1998a). Although many of these children may never actually be physically abused themselves, they are still at significant risk for behavioral and emotional difficulties due to sheer exposure to physical abuse between parents or parent figures (Holden *et al.*, 1998b).

Describing the effects of exposure to parent violence on children and adolescents has been the subject of intense research efforts since early studies on this topic emerged in the mid-1980s. Over the past two decades, children's exposure to violence between adults in the home has gradually progressed from being predominately neglected to being recognized as a distinct, significant risk factor for behavioral and psychological dysfunction (Appel and Holden, 1998; Edleson, 1999a; Mc Guigan and Pratt, 2001; O'leary et al., 2000).

Children exposed to parent violence has a significant and measurable negative effect on children's functioning and relative to children from nonviolence families (Edleson, 1999b; Fantuzzo and LindQuist, 1998; Fantuzzo and Mohr, 1999; Fantuzzo et al., 1991; Groves, 1996; Kolbo et al., 1996; Margolin and Gordis, 2000, 1998; Onyskiw, 2003; Rossman, 2001; Schechter and Edleson, 1994; Wolak and Finkelhor, 1998; Wolfe et al., 2003). These negative effects portion to emotional and behavioral functioning, social competence, school achievement, cognitive functioning, psychopathology and general health (Jouriles et al., 1998; Levendosky and Graham-Bermann, 1998).

Several theoretical perspectives can explain the link between childhood parent violence and behavior problems. A social learning perspective provides a direct explanation (Davidovich, 1990; Hasting and Hamberger, 1988; Hotaling and Sugarman, 1986).

This perspective posits that children who are exposed to violence in the home learn definitions favorable towards aggression and violence and model such behavior themselves. That is, these individuals learn that aggression is acceptable behavior with in the home and that violence is an effective way to solve problems (Capaldi and Clark, 1998; Edleson, 1985; Simons *et al.*, 1995).

Empirical research has supported this perspective and shown that the experience of violence in childhood predict general patterns of violence behavior (Widom, 1989).

A number of mediational models have also been proposed as explanations for the association between childhood maltreatment and later violence. For example, it is possible that children who are victims of violence develop emotional or psychological problems or inappropriate coping behaviors in response to their painful experiences (Downs *et al.*, 1996; Widom, 2000). Several studies of children and adolescents who had experienced child abuse that externalizing and antisocial behaviors (Aggression, violence, hyperactivity and delinquency) were consequences of childhood victimization (Stouthamer-Loeber *et al.*, 2001; Smith and Thornberry, 1995; Widom, 1989).

Furthermore, early aggressive behavior has been shown to be a strong predictor of violence, especially

for men (Capaldi and Clark, 1998; Capaldi and Crosby, 1997, 1998; O'leary, 1993; Simons et al., 1995). Capaldi and Clark (1998) found that antisocial behavior mediated the relationship between poor parenting (In clouding severe discipline) and subsequent violence (Simons et al., 1995). Therefore, parent violence in adulthood may be part of a general pattern of aggressiveness developed in childhood or adolescence in response to childhood victimization (Capaldi et al., 1998; Moffitt et al., 2000; Simons et al., 1995).

Furthermore, children who grow up observing parental violence are at a much higher risk for emotional, behavioral, physiological, cognitive and social problems (Ballard et al., 1993; Fazzone et al., 1997; Graham-Bermann, 1998; Lehmann, 1997; McCloskey and Walker, 2000; Rossman, 1998; Silvern et al., 1995). Children of every age are affected in some way by exposure to parent violence (Campbell and Lewandowski, 1997; Osofsky, 1995). Infant and toddlers show poor weight gain, poor sleeping habits, irritability and other evidence of general distress, such as regression (Jafee et al., 1990). Preschool children demonstrate anxiety and fearfulness, with boys showing aggressive and disruptive behaviors than girls (Humphreys, 1995). School-age children have been reported to have problems at school (Holden et al., 1998b) and posttraumatic stress disorder. In one study, 365 mothers described to same behaviors of depression non compliance and aggression as their children, ages 6 to 12 years (Mc Closkey et al., 1995).

The purpose of the current study was to investigate the compare the behaviors of Fars, Lor, Turkish children in Shiraz city. Who were 6 to 18 years of age that exposed to parent violence with an age-and ethnically similar sample of children who were not exposed to violence and to compare both exposed and non exposed children to normative samples. We hypothesized that children who were exposed parent violence during the preceding 12 months would have significantly more behavioral problems compared with children who were not exposed to parent violence.

MATERIALS AND METHODS

Participants in the study were 185 children ranging from 6 to 18 years and their mothers. The study is being conducted in primary care public health clinics and Women, Children clinics in Shiraz city .From September 2005 to March 2006 this study was conducted. Invitation letters were sent to potential families and they contacted the investigators or agency staff for participation.

The age of participating mothers ranged from 18 to 45 and spoke Persian or Turkish. Forty four percent of mothers had completed high school education and 35 had finished university. By using the scores from the Conflict

Tactics Scale (CTS) based on mothers self-reports. In the present study, 138 children were classified as coming from violent homes and 47 came from families where parents did not engage in any physically violent acts as measured by the CTS (Non-Violent Group). Also 207 mothers of the violent Group and 72 mothers of the non violent Group who attend the same clinics were entered into the study.

Parent measures violence: Parent violence was measured by the form R version of the Conflict Tactic Scale (CTS) (Straus, 1990) which was completed by the mothers. The CTS was developed by Straus to assess means to resolve interfamilial conflict. Only the section on husband-wife incidents was included in this study. CTS is a 19-item questionnaire requiring the parents to indicate how many times, from 0 to 20, in the past 12 months she/he engaged in discrete acts of verbal reasoning, verbal aggression or physical aggression with the other parent. The verbal and physical aggression subscales of the CTS have adequate internal reliability and satisfactory concurrent validity as measured by the correlation of college student's reports with their parents rating (Straus, 1979).

Child Behavior problems Mother's report on the child behavior checklist (CBCL; Achenbach, 1978, 1991) served as the indicator of the child's public health. For those families with more than one child between the ages of 6 and 18 residing in household, the mother's report of the oldest child's behavior was used as the measure of child behavior problems.

The CBCL is a widely-used and well-normed instrument that assesses a broad spectrum of emotional and behavior problems and competencies. It yields indices of internalizing and externalizing behavior problems, formed for age and gender. The CBCL is orally administered to a parent, who rates the presence and frequency of certain behaviors on a 3-point scale (0 = not true, 1 somewhat or some times true and 2 = very true or often true). The time period is the last 6 months for the child 6 to 18 years of age. Examples of behaviors for the child age 6 to 18 years include gets in many fights, truancy, skips school, destroys his/her own things. Forms of the CBCL consist of 2 broad band factors of behavioral problems: internalizing and externalizing, with mean scale scores for national normative samples as well as clinically or referred and non referred samples of children.

Examples of internalizing behavior problem items include unhappy, sad, withdrawal or depressed and nervous, high strung, or tense. Examples of externalizing behavior problems items include temper tantrums or hot temper, disobedient at home, attention problems and rule-breaking actions. Behavior scales yield a score of total behavioral problems. Scores are summed and then converted to normalized T scores. T scores ≥60 are within the borderline/clinical referral range-higher scores represent more deviant behavior. Multivariate analyses of

variance (MANOV As) were used to determine whether children exposed to parent violence differed significantly in their internalizing behaviors, externalizing behaviors and total behavior problems from children of not exposed to violence. One sample t-tests were used to compare children exposed and not exposed to parent violence to the matched clinically referred and non referred normative sample. Four pair-wise comparisons were considered: children exposed to parent violence to referred norm; children exposed to parent violence to non referred norm; children non exposed to parent violence to referred norm; children non exposed to parent violence to non referred norm. The internal, external and total behavior problem T scores were dichotomized into a referral status: non referred = T score<60, referred = T score≥60. Frequencies and percentages were used to describe the distribution of referral status among the children exposed and non exposed to parent violence and χ^2 testes of independence were used to determine whether the groups were significantly different.

RESULTS

No significant differences in demographic characteristics between children exposed and exposed to family violence were observed. The sample consisted of a large number of Lor children (48.55) and slightly more girls (63.04) and nearly half (41.36) had annual household incomes <\$400 (Table 1).

Results from the MANOVA performed for aged 6 to 18 years revealed a significant group difference (F [3.177] = 2.91, p = 0.021). After adjusting α to 0.0137 to control for an inflated type I error, unvaried tests revealed significant group differences for internalizing behavior (F[1, 153] = 6.32; p = 0.010), externalizing behavior (F[1, 153] = 7.34, p = 0.005) and total behavior problems (F[1, 153] = 8.97, p = 0.003). Overall, children exposed to family violence had significantly higher

Table 1: Demographic characteristics of 138 children exposed to parent violence compared with 47 children non parent violence

	Parent	violence	Non pa violen		Total		
Characteristics	No.	%	No.	%	No.	%	
Ethnicity							
Iranian							
Turkish	47	34.06	11	23.41	58	31.35	
Lor	67	48.55	27	57.45	94	50.81	
Fars	24	17.39	9	19.15	33	17.84	
Total	138	100.0	47	100.0	185	100.0	
		$\chi^2(3) = 5$	0.00, p = 0.00	0.110			
Sex							
Male	51	36.96	20	42.55	71	38.37	
Female	87	63.05	27	57.45	114	61.63	
Total	138	100.0	47	100.0	185	100.0	
		$\chi^2(1) = 0$	0.02, p = 0).797			
Family income	;						
<\$200	17	12.32	12	25.53	29	15.67	
\$ 200-\$ 400	37	26.82	10	21.27	47	25.41	
\$400-600	57	41.30	14	29.76	71	38.38	
>\$600	27	19.56	11	23.41	38	20.54	
Total	138	100.0	47	100.0	185	100.0	
		$\chi^{2}(3) = 6$.53, p = 0).049			

Table 2: Internal, external and total behavior problem scores for children exposed to parent and non parent violence compared with a referred and non referred normative sample

						Comparisons to norm				
	Violend	Violence		olence	Norm descriptives		Violence		Non violence	
Scores	No.	Mean±SD	No.	Mean±SD	Refer mean±SD	Non mean±SD	R	Non	R	Non
Internal										
6-11 year										
Boys	39	57.9±12.1	16	51.5±13.1	60.9±11.3	49.9±9.6	NS	+	§	NS
Girls	56	56.9±12.8	13	54.9±13.3	60.4±10.5	49.8±9.7	§	+	NŠ	NS
12-18 year										
Boys	22	59.9±12.0	10	49.9±9.20	61.3±11.1	49.4±9.70	NS	+	+	NS
Girls	21	56.7±10.1	8	53.8±19.7	62.0±11.4	49.0±10.0	NS	+	NS	NS
Total †	138	57.4±12.1	47	51.9±13.3						
External										
6-11 year										
Boys	39	54.7±13.2	16	46.8±10.5	62.1±11.4	49.8 ± 9.7	+	§	+	NS
Girls	56	55.1±12.1	13	47.9±10.2	60.9±12.1	50.2±9.6	+	+	+	NS
12-18 year										
Boys	22	55.9±11.0	10	52.9 ± 8.70	61.6±10.5	50.4 ± 9.6	§	Ş	Ş	NS
Girls	21	56.7±13.0	8	51.9±11.1	61.7±11.2	50.7±9.8	+	§ §	§ §	NS
Total [†]	138	54.5±12.3	47	48.7 ± 10.3						
Total behavior p	roblem									
6-11 year										
Boys	39	57.8±12.4	16	49.3±12.4	63.9±10.5	49.9±9.9	+	+	+	NS
Girls	56	55.9±12.8	13	50.5±14.7	62.8±11.3	50.1 ± 9.0	+	+	+	NS
12-18 year										
Boys	22	57.8±12.2	10	52.1±7.30	64.2±9.50	50.4±9.70	§	+	+	NS
Girls	21	57.2±11.3	8	52.8±17.2	63.2±10.5	50.3±10.1	§	+	NS	NS
Total†	138	56.7±12.2	47	50.8±13.0						

NS: Not Significant; SD: Standard Deviation, \uparrow : Based on total scores for ages 6 to 18 years, significant multivariate violence group effect (F [3, 177] = 2.91, p = 0.021 and unvaried group effects for internal. (F[1, 153] = 6.32, p = 0.10), external (F [1, 153] = 7.34, p = 0.005] and total behavior problems (F[1, 153] = 8.97, p = 0.003). +: p<0.01. §: p<0.05

Table 3: Frequencies and percent ages for internal, external and total behavior problem scores categorized in to referral status: referred (t-score = 60) and non referred (T-score)

	6-11 years	6-11 years				12-18 years			
	Violence	Violence		Non violence		Violence		Non violence	
Parameters	No.	%	No.	%	No.	%	No.	%	
Internal									
Non referred	49	51.5	18	66.6	26	60.5	13	0.65	
Referred	46	48.5	9	33.4	17	39.5	7	0.35	
Total	95	100.0	27	100.0	43	100.0	20	100.00	
	$\chi^2(1) = 2.3$	32, p = 0.12			$\chi^{2}(1) =$	0.817, p = 0.31			
External	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Non referred	60	39.9	21	77.7	23	53.4	12	0.60	
Referred	35	36.1	6	22.3	20	46.6	8	0.40	
Total	95	100.0	27	100.0	43	100.0	20	100.00	
	$\chi^2(1) = 4.$	72, p = 0.02			$\chi^{2}(1) =$	1.11, p = 0.25			
Total behavior prob	blems	•			,,,,,				
Non referred	51	53.6	19	70.3	22	51.1	14	0.70	
Referred	44	46.4	8	29.7	21	48.9	6	0.30	
Total	95	100.0	27	100.0	43	100.0	20	100.00	
	$\gamma^2(1) = 4.6$	$\chi^2(1) = 4.02$, p = 0.03				$\chi^2(1) = 2.37, p = 0.09$			

internalizing (57.4±12.1), externalizing (54.5±12.3) and total behavior problems (56.7±12.2) score than the internalizing (51.9±13.2), externalizing and total behavior problems (48.7±10.3) and total behavior problems (50.8±13) scores exhibited for children exposed to non parent violence. Although ethnicity has been shown to be associated with parent violence, because children were matched on ethnicity and ethnicity was not significant between groups, analyses were not adjusted for ethnicity (Table 2).

Most comparisons of children exposed to parent violence with the referred and non referred norms are significant (p<0.01). The mean internal, external and total behavior problem scores from children exposed to parent violence were significantly higher than the non referred norms and significantly lower than the referred norms. However, most comparisons from the non abused children were significantly different from the referred norms (Table 2).

Approximately one fourth of the children exposed to parent violence and more than one tired of children non exposed to parent violence were in the clinical referral rang. Results from χ^2 tests of independence yielded a significant (χ^2 [1] = 4.72, p = 0.02) difference between the parent violence and non parent violence for external scores and a significant (χ^2 [1] = 4.02 h, p = 0.03) difference between the parent violence and non parent violence for total behavior scores for children 6 to 11 years (Table 3).

DISCUSSION

On the basis of mother's report, children, ages 6 to 18 years, exposed to parent violence exhibit significantly more internalizing, externalizing and total behavior problems than children for the same age and sex of non parent violence.

In addition, children exposed to parent violence exhibit significantly more behavioral problems than nonclinically referred children, although it is unknown how many children in the national norm sample may have resided in homes with parent violence. In contrast, children nonexposed to parent violence do not differ from the non clinically referred norm children. Clearly, living in a violent home is associated with the child's behavior, regardless of age or sex. The behavior scores of children exposed to parent violence are significantly worse than the Non referred children but also, for most behaviors, significantly better than the clinically referred.

If abused parent can be identified and treated, then can behavior problems of their children be arrested and scores lowered? perhaps this is possible.

In this study, children, ages 6 to 18, of parent violence exhibited appreciably more behavior problems than children of the same age of non parent violence. There were no similar differences by violence status for younger children. As no other case comparison studies were identified, we cannot contrast our findings to other studies. No studies were identified using the new age stratification with children of parent violence. Earlier studies using the CBCL found that boys who are exposed to parent violence are more likely to exhibit externalizing problems, where as girls are more likely to exhibit internalizing problems (Fantuzzo et al., 1999) and that a girls age is a significant predictor of these externalizing behavior problems, with younger girls being more affected than older girls (O'keefe, 1994). In a community sample 83 children of parent violence seeking police assistance, total behavioral problems for 6 to 11 years sold boys and girls were significantly higher than standardized norms. There was no such significant finding for children 12 to 18 years (Lemmey et al., 2001). Tang (1998) hypothesized that older children have more resources to facilitate their adjustment to parental violence. Present study did not corroborate this finding.

We found boys, 6 to 18 years old, exposed to parent violence to be at the highest risk for behavioral problems, with (0.41) of boys and girls 12 to 18 years of age to be in clinical referral range for external behaviors of aggression and delinquency.

A recent report from the National Institute of Justice found that children abuse and neglect increased the odds of arrest as a juvenile by 0.59, as an adult by 0.28 and for a violent crime by 0.30, with boys committing the majority of crimes (widom and Maxfield, 2001). The correlation of children exposed to parent violence and subsequent delinquency behavior merits immediate study.

Despite the limitations of maternal self-report of a child's behavior, which may underreport or over report as a result of inadequate recall and/or lack of voluntary disclosure, as well as small sample sizes in some age-and sex-specific analyses, we found the mean internalizing behavior score for boys 6 to 11 years of age as well as girls and boys 12 to 18 years of age of parent violence not significantly different from the clinical referral norms. Internalizing behaviors of anxiety, withdrawal and depression are consistent with suicidal risk. The association of a child's exposed to parent violence and subsequent attempted and/or completed suicide also demands research.

This study found that children 6 to 18 years old of parent violence have significantly more behavioral problems than same-age children of non parent violence. In addition, present data demonstrated that children of parent violence have significantly more behavioral problems than the non clinically referred norm children but also, for most children, display significantly fewer problems than the clinically referred children. These children of parent violence are cruelly suspended above normal and below deviant, with children ages 6 to 18 being at the greatest risk. Early detection and treatment for partner violence against women has the potential to interrupt and prevent behavioral problems for their children.

Several suggestions can be derived from this study to assist social work professionals in promoting the behavioral adjustment of children exposed to parent violence. First, behavioral problems and its resulting impact on children's relationship with both parents should receive more attention in understanding and helping children exposed to parent violence. Second, children may benefit from treatment programs that have an explicit focus on assisting children to handle their behavioral problems such as sadness and anger. For children who

have visible behavioral problems that include anger management and social skills training would be helpful. Third children and parents should be educated regarding the negative impact of children's direct involvement in parent violence. Therapists working with this populations should assist families in setting clear parent-child boundaries in violence episodes. Finally, the suggested interventions are at best remedial in nature. The present findings suggest that children who frequently experience behavioral problems as a result of parent violence may have few means of alleviating their stress regardless of what behavioral regulation strategies they use. Helping professional should be careful not to hold children solely responsible for learning positive strategies in regulating their behavior in those situations. Parents are responsible for learning and using non-violent means to handle conflicts whether they continue or dissolve their problems. There is clearly no simple solution to the problem of parent violence and its negative impact on children. Looking beyond immediate family environments, teaching both children and adults non-violent means of conflict resolution and actively combating parent violence constitute long-term challenges to our society.

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